



Iowa Child
Development
Coordinating Council
*State Funded Shared
Visions Programs*



*Annual Report
to the Governor*



July 1, 2002-June 30, 2003

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Visions Programs*

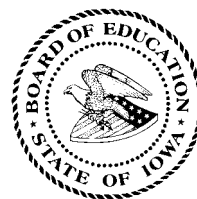
*Annual Report
to the Governor*

This report may be accessed electronically
at:

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July 1, 2002-June 30, 2003

State of Iowa
Department of Education
Grimes State Office Building
Des Moines, Iowa 50319-0146



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Letter to the Governor

January 12, 2004

The Honorable Thomas Vilsack
Governor of Iowa
Iowa State Capitol
Des Moines, IA 50319

Dear Governor Vilsack:

On behalf of the Child Development Coordinating Council, I am pleased to present the Council's annual report. This report is an overview of the Council's last year of work regarding the need for investment in child development services. In addition, specific information has been provided, by Penny Milburn, Shared Vision State Coordinator, for the two state funded early childhood programs: 1) Shared Visions Parent Support programs for children birth to 3-years-old and their families and 2) Shared Visions Preschool Programs for children 3- to 5-years-old.

As you will note, the annual report has taken on more in depth detail to share the success of these state funded programs. We are most proud to present this report of quality early childhood experiences for Iowa's children. Thank you for your support to ensure these few young children begin their life long development with quality, care, and education from our state system.

Sincerely,

LauraBelle Sherman-Proehl, Ph.D., Council Chair
Child Development Coordinating Council
Department of Education
Bureau of Children, Family and Community Services
Grimes State Office Building
400 East 14th Street
Des Moines, Iowa 50009

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*Voting Council Member

Part I

Child Development Coordinating Council:

Annual Report



The Iowa Child Development Coordinating Council (CDCC) presents this report in fulfilling the requirement to annually submit recommendations to the governor and the general assembly on the need for investment in child development services.¹

CDCC conducts meetings on the third Wednesday each alternating month of January, March, May, July, September, and November in Des Moines. The Council meetings are open to the public.

As described in Iowa Code, CDCC represents a statewide array of constituents including the Department of Human Services child care administration, Head Start, the Departments of Education and Public Health, Iowa State University College of Family and Consumer Science, University of Northern Iowa College of Education, University of Iowa pediatrics, a parent, and an area education agency early childhood specialist. Representatives from constituents are appointed by Department Directors, the Iowa Head Start Association, or University Deans. The Council elected to recruit additional stakeholders in the early care, health, and education field including a representative from early childhood special education services, the coordinator of the state child care resource and referral agencies and the state Head Start Collaboration Office.

CDCC advises and assists the Department of Education regarding the administration and implementation of state funded at risk programs for children ages birth to five. CDCC believes:

- High quality early childhood programs help children become successful adults.
- Provision of high quality early childhood programs can result in:
 - fewer children requiring special education services;
 - more students graduating from high school;
 - more students attending college or job training;
 - more youth/young adults becoming employed;
 - more employees experiencing satisfaction with work;
 - fewer persons arrested for criminal acts, violence, and minor offenses;

¹1. IAC 256A, IAC 279.51, and IAC 281

Overview

Meetings

Membership

Purpose

- fewer teenagers giving birth; and
- fewer persons receiving public assistance.
- Children are best served in a developmentally appropriate program.
- Comprehensive quality programs provide services to assist families toward self-sufficiency and productivity.

Mission

The mission of CDCC is to advocate for Iowa's children and families and support model comprehensive child development and parent support programs for at-risk children and their families. CDCC ensures the development, delivery, and promotion of quality, family-centered comprehensive early childhood services through: ²

- established minimum guidelines for comprehensive early child development services for at-risk 3– and 4–year-old children;
- the establishment of parent support programs to enhance the skills of parents in providing for the learning and development of their children;
- cost-effective child development services for at-risk 3– and 4–year-old children;
- comprehensive services such as child care, transportation, family support and education, developmental screening, and referral to health professionals; and
- equity of access to these services for all Iowa's children and their families.

Activities

CDCC primarily focused on four areas of need this past year:

- Reviewed research related to quality evaluations of early care, health, and education. The Council reviewed the Midwest Child Care Study and compared the results to the evaluation of the Shared Visions Preschool Programs;
- Reviewed policy initiatives related to comprehensive child development services. The Council reviewed such initiatives as No Child Left Behind, Good Start Grow Smart, National Association for the Education of Young Children Program Standards, and Maternal and Child Health Programs and Services;

²IAC 256A

- Conducted an extensive study of the Code and Rules in an effort to determine what revisions might be necessary to align these rules to achieve consistent implementation procedures for Shared Visions Preschool Programs;
- Recruited new council members to include more varied representation from stakeholder groups.

As a result of the Council's activities, CDCC plans for 2003–2005 include:

Council Future Plans

- Evaluate program quality and child outcomes for Shared Visions preschool children;
- Improve the quality of Shared Visions Preschool Programs by providing technical assistance for accreditation awarded by the National Association for the Education of Young Children (NAEYC);
- Maintain and promote high quality services in the current climate of reduced budgets;
- Evaluate the Shared Visions Parent Support Programs;
- Conduct an extensive study of the rules that govern Shared Visions Parent Support Programs;
- Revise the Year End Report submitted by grantees; and
- Engage in the revision of the rules for Shared Visions Preschool Programs once NAEYC has completed its reinvention of accreditation in 2005.

Part II

Shared Visions:

Parent Support Grants

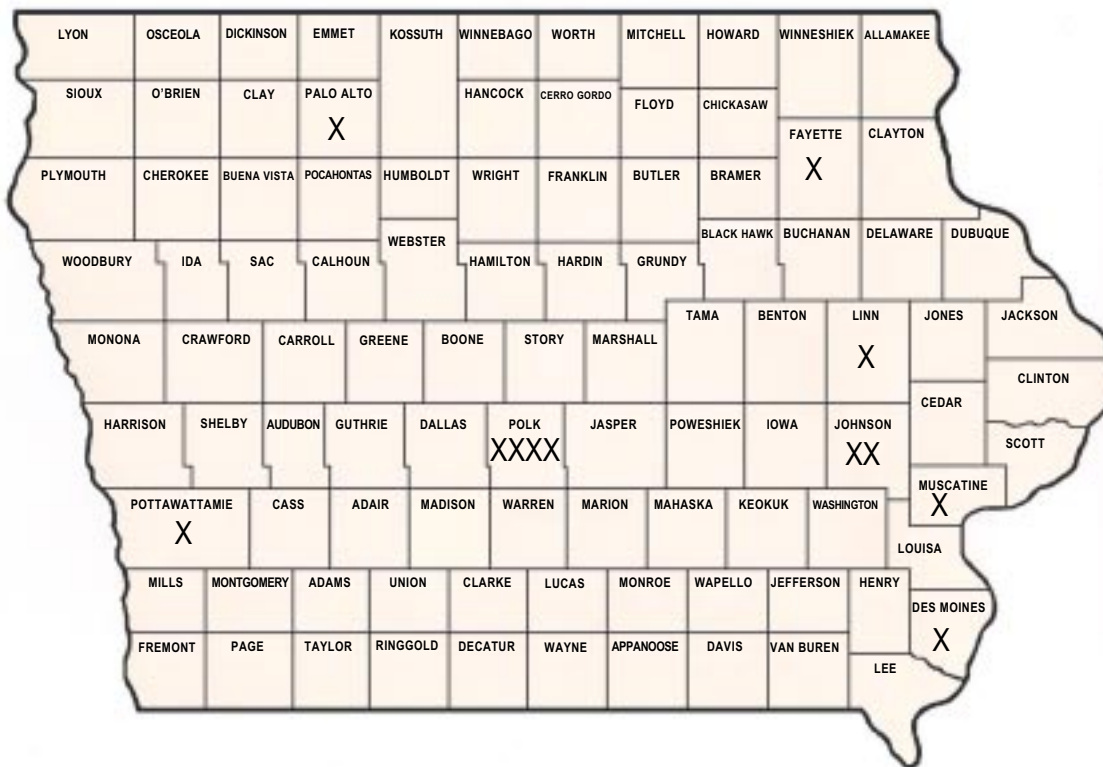


Iowa Shared Visions Parent Support Programs were established in Code in 1990 and include:

Overview

- Family support programs for high-risk children in approximately 15 Iowa counties (for families with incomes below 130 percent of the poverty level). Figure 1 shows the location of the Parent Support Programs since funding in 1990;
- Individual and/or group opportunities for families to obtain information focusing on: parenting skills, child growth and development, building of self-concept, nutrition, positive guidance techniques, family resource management, and parent literacy, and information on how to access the array of supportive services from a network of agencies that are available to families with young children who are at risk;
- Collaborative partnerships between local Community Empowerment Area Boards, Head Start, childcare, and school districts; and

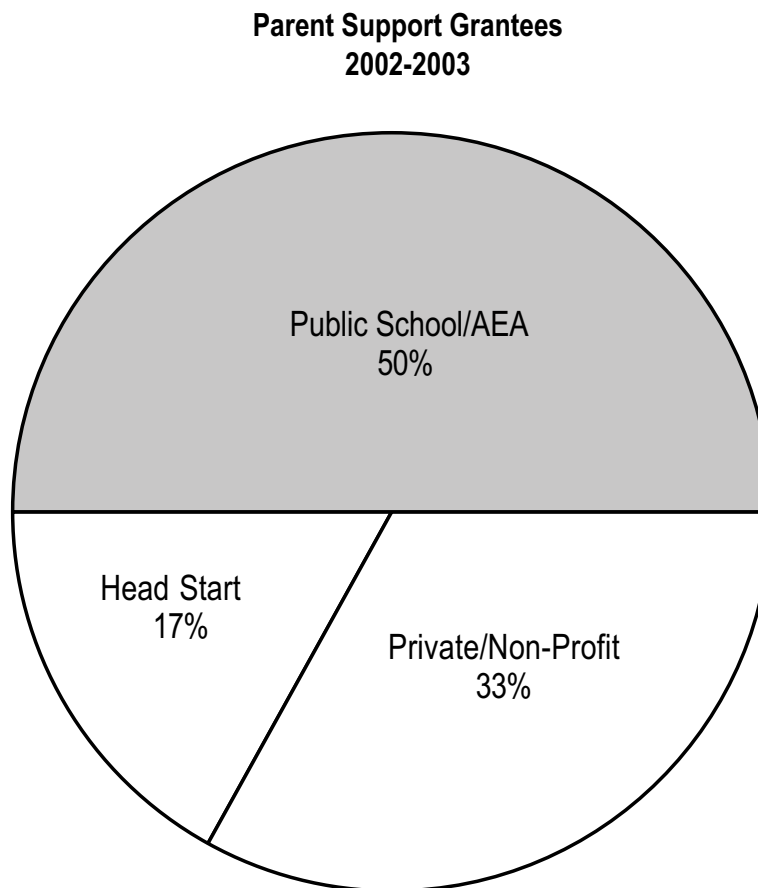
Figure 1
Shared Visions Parent Support Programs — 2002–2003



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Vision Grant Year End Report 2002-03.

- Twelve grantees located in area education agencies, public schools, Head Start and private non-profit agencies. This has been consistent for the past three years (see Figure 2: Parent Support Grantees 2002-2003).

Figure 2



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Vision Grant Year End Report 2002-2003.

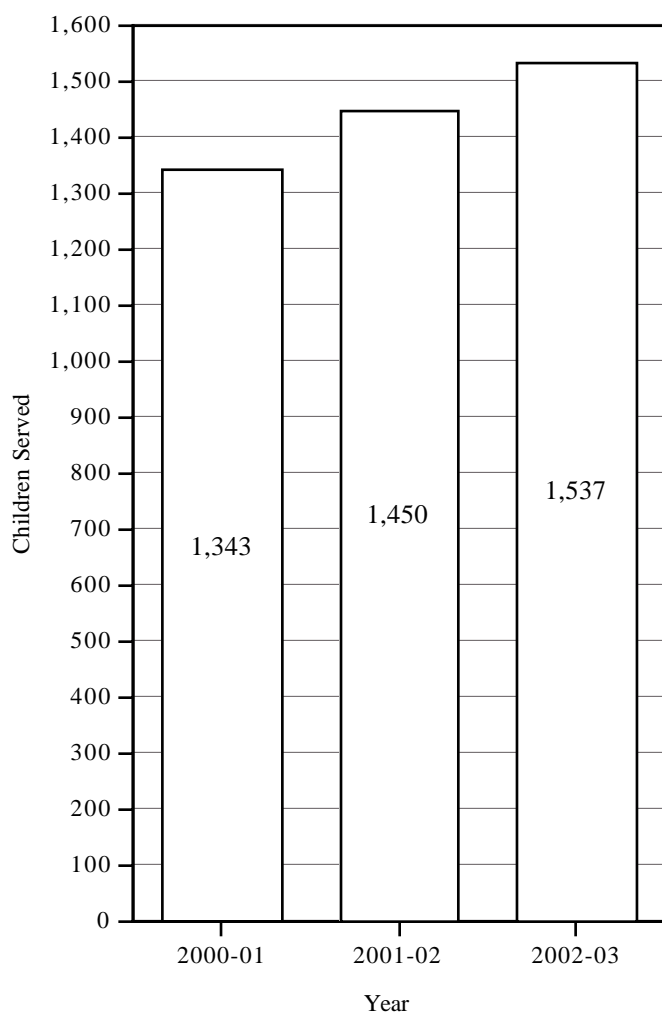
Funding

In 2002-03 state funds purchased:

- Twelve Parent Support Programs serving 1000 families with children birth to 5 years of age. Figure 3 represents the total number of children served birth through age three who were within the families served in the Shared Visions Parent Support Programs.

Figure 3

**Children Served by Shared Visions
Parent Support Programs**



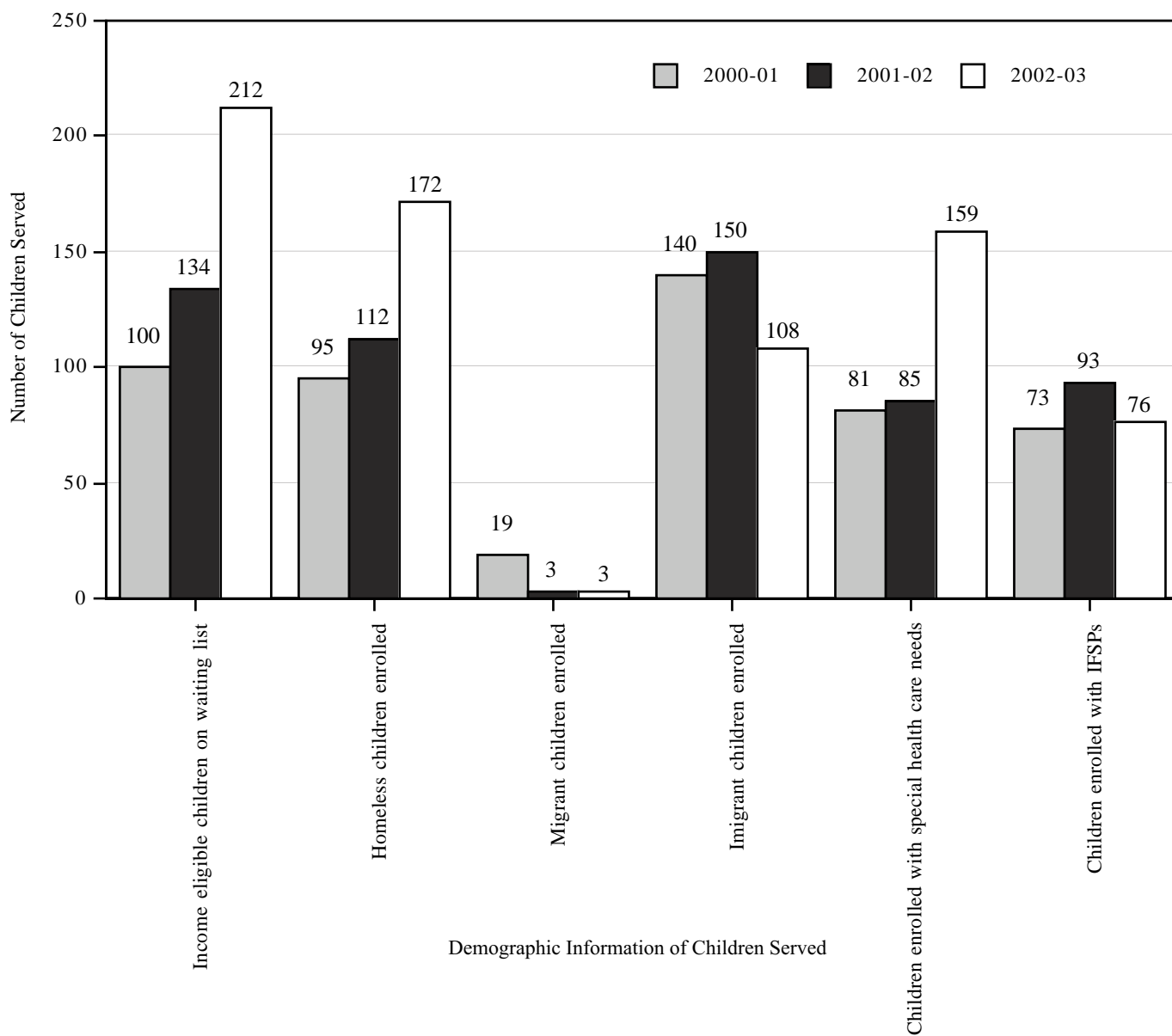
Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Vision Grant Year End Report 2000-2001, 2001-2002, 2002-2003 Summary.

- State legislators appropriated \$745,750 in state funds for these programs. A 2.5 percent across the board budget cut in October 2003 decreased the funds to \$727,106.

- Figure 4 describes the demographic information of children served in Shared Visions Parent Support Programs, as well as eligible children on the waiting list. As indicated by the chart, the children served by Shared Vision Parent Support Programs

Figure 4

**Demographic Information for the
Shared Visions Parent Support Program**



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Vision Grant Year End Report 2000-2001, 2001-2002, 2002-2003 Summary.

have multiple risk factors. Figure 4 shows the number of children and change of these risk factors over time. In addition, Figure 4 demonstrates the increasing need for parent support as evidenced by the growing number of income eligible children on the waiting list. *

**Due to flat funding and budget cuts, programs have not actively recruited families, therefore the number of children eligible for services is greater than the waiting list represents (see Figure 4).*

Penny Milburn, Shared Visions State Coordinator, provides state level support to the Shared Visions Parent Support Programs. (Funding reduced from 1.0 FTE to .5 as of spring of 2003, due to state budget reduction).

State Staff

Indicators of Quality

Quality parent support programs offer:³

- Services prenatally or at birth;
- Early and continuing assessment to identify families who are most in need of services and to link families with appropriate services;
- Information to assist families in accessing a medical provider to assure optimal health and development;
- Services that acknowledge and are respectful of each family's cultural and ethnic background;
- Services that are voluntary and use positive, persistent outreach efforts to build family trust; and
- Opportunities for families to enhance their parenting skills, knowledge, and understanding of educational and developmental needs of their children.

What are the research-based indicators of quality?

³ Prevent Child Abuse—America, Healthy Families America. Standards for Practice for Healthy Families America. Head Start Performance Standards, section 1304.40. <http://www.acf.hhs.gov/programs/hsb/performance/#pdf>

How do Shared Visions Parent Support Programs address quality indicators?

Shared Visions Parent Support Programs provide:

- Services to children and their families prenatally or as soon as the child is eligible. The Parent Support Program may provide services to multiple children in a family;
- Developmental screening to determine if a child is at risk for a disability and to link families with appropriate resources to address the growth and development of their child;
- Resources to help families provide health insurance, immunizations, and other medical and dental services for their child through programs such as HAWK-I, Child Health Specialty Clinics and other public health clinics;
- Home visiting, children's play groups, and parent education meetings to address the needs of each family and honor their cultural and ethnic background;
- Trusting and respectful relationships that build upon each family's strengths. Many families are supported in furthering their education and finding employment. Parent Support Programs connect families with resources to support childcare such as subsidies from the Department of Human Services; and
- Materials and resources that assist families in enhancing their parenting skills and promote positive interactions between the parent and child.

Results of Shared Visions Parent Support Programs

Families participating in the Shared Visions Parent Support Programs experienced:

Output:

- Resources to support child care such as child care subsidy;
- Resources and support in furthering their education;
- Resources to help families provide health insurance, immuniza-

tions, and other medical and dental services for their child through programs such as HAWK-I, Child Health Specialty Clinics and other public health clinics; and

- Developmental screenings.

Outcome⁴ :

- Increased levels of self-sufficiency;
- Significant increases in employment;
- Increased levels of education—family members completed high school and some participated in post secondary training;
- Reduced levels of family violence from 25 percent to 20 percent; and
- At least 75 percent of children were immunized (See Table 1).

According to the Center for Disease Control (CDC), for every dollar invested in immunizations, approximately \$23 are saved in later health care costs. In November of 2003 the Shared Visions Parent Support Programs reported 905 birth– to 3–year-olds had been immunized resulting in approximately \$3.6 million in savings in later medical costs (see Table 1).

Table 1

**Immunizations for Children*
Ages 0-3⁵**

Number of Children Immunized	Cost of Immunizations at Public Clinic ⁶	Total Savings
905	\$400 per Child	Approximately \$3.6 million

* November, 2003

⁴ Peterson, C.A. & McBride, S.L. Iowa Family Support Programs, 1996-1997, Evaluation Report, September, 1998.

⁵ Every Child By Two website. www.ecbt.org

⁶ Iowa Department of Public Health.

Supportive of Iowa Early Care, Health, and Education Results

Shared Visions Parent Support grantees contribute to the results of Iowa's Early Care, Health, and Education system.⁷

- **Healthy Children**—At least 75 percent of the children ages birth to three, participating in the Shared Visions Parent Support Programs receive all their immunizations. Approximately 1,100 of the 1,396 children served have health insurance;
- **Safe and Supportive Communities**—Shared Visions Parents Support Programs report a decrease in the percentage of children experiencing abuse and neglect; and
- **Secure and Nurturing Families**— Shared Visions Parents Support Programs report decreases in domestic and family violence.

Future Needs

The impact of the Shared Visions Parent Support Programs would be improved by:

- Providing funding to support additional sites and increase the level of contact hours for families. No other communities in Iowa have been provided the opportunity to apply for Shared Visions at-risk state funds since 1996;
- Providing funding for a comprehensive evaluation of the programs and outcomes for children; and
- Providing a cost of living allowance to support and maintain adequate quality of teachers.

⁷ Peterson, C.A. & McBride, S.L. Iowa Family Support Programs, 1996-1997, Evaluation Report, September, 1998.

Part III

Shared Visions:

Preschool Grants



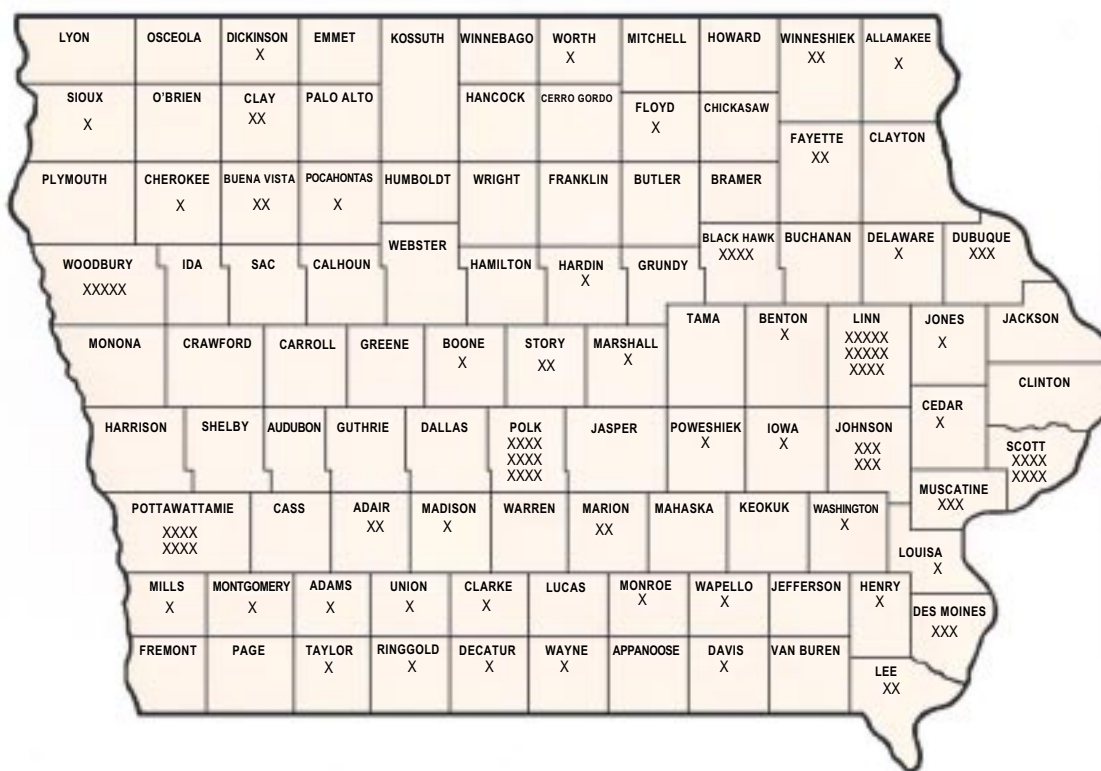
Iowa Shared Visions Preschool Programs were established in Code in 1987 and include:

Overview

- State funded quality child development programs for high-risk children in 51 Iowa counties (for families with incomes below 130 percent of the poverty level). Figure 5 shows the locations of preschool classes;

Figure 5

Shared Visions Preschool Classes 2002-2003

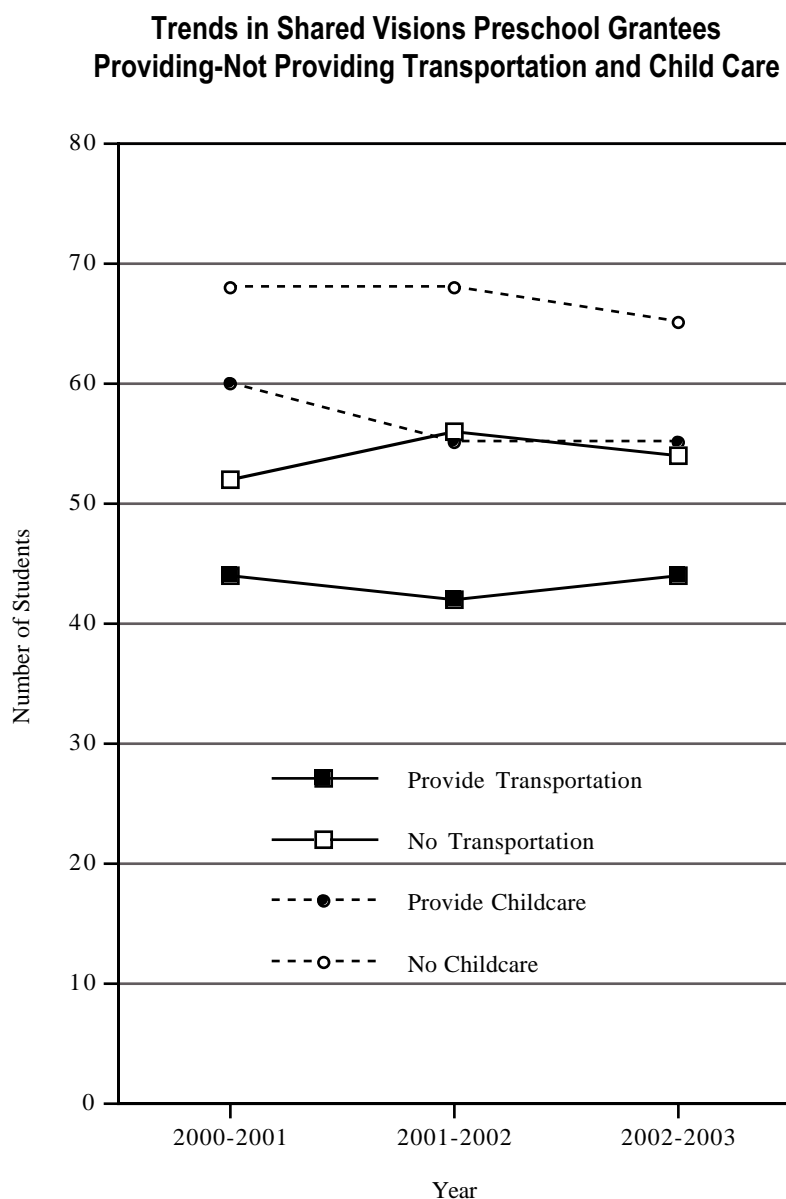


Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Vision Grant Year End Report 2002-2003.

- Quality child development programs comprised of preschool programs for children ages 3 to 5 (see Figure 6);
- Collaborative partnerships between local Community Empowerment Area Boards, Head Start, childcare, and school districts; and

Figure 6

Figure 6 represents a few of the comprehensive services provided by Shared Visions Preschool Grantees. About half of the grantees provide transportation so children may access the preschool services. Other grantees collaborate to provide quality childcare services to working families. About half of the grantees do this by using “wrap around” childcare funds from DHS or collaborating with Head Start or Community Empowerment.

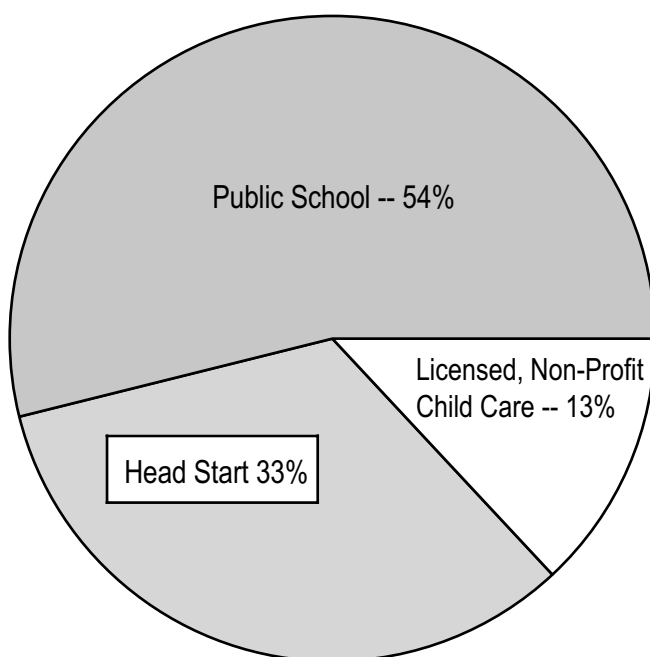


Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2002-03.

- 109 Shared Visions Preschool Grantees located in public schools, Head Start agencies, and licensed non-profit child care centers (see Figure 7).

Figure 7

**Children Served in Shared Visions Preschools
2002-2003**



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2000-2001, 2001-2002, 2002-2003 Summary.

Funding

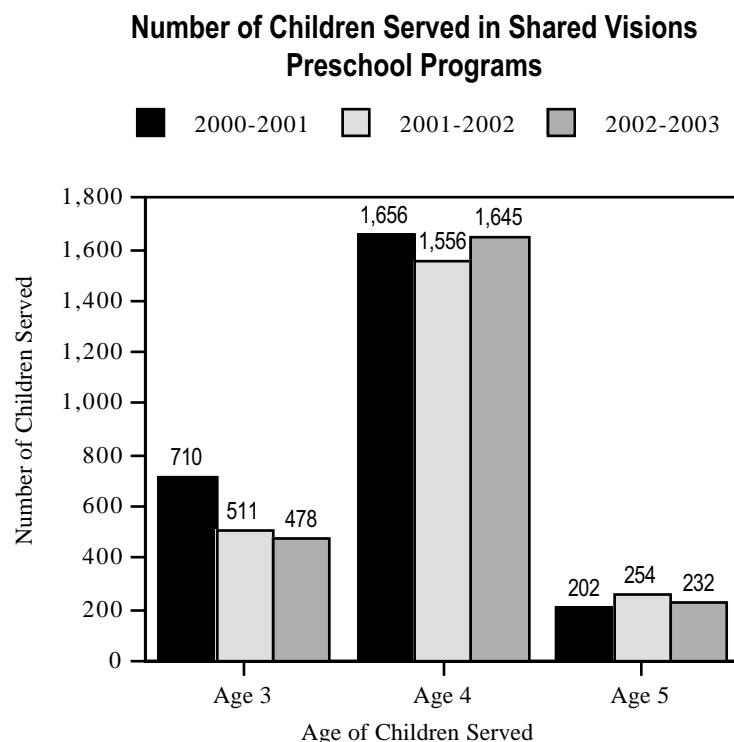
In 2002-03 state funds purchased:

- 109 Shared Visions Preschool Programs in 116 classrooms serving 2,360 children ages 3 to 5 (see Figure 8). State legislators appropriated \$7,064,132 state funds for the preschool programs. A 2.5 percent across the board budget cut in October of 2003 decreased the funds to \$6,850,773.*

**Note: As a result of budget cuts during the past three years, three Shared Visions grantees were unable to maintain their status as a Shared Visions Preschool Program.*

Shared Visions Preschool Programs may serve children ages 3 through 5, based on September 15th. As seen in Figure 8, these preschool programs primarily serve children age 4 on or before September 15th.

Figure 8



Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2000-2001, 2001-2002, 2002-2003 Summary.

State Staff

Penny Milburn, Shared Visions State Coordinator, provides state level support to the Shared Visions Parent Support Programs. (Funding reduced from 1.0 FTE to .5 as of spring of 2003, due to state budget reduction).

Indicators of Quality

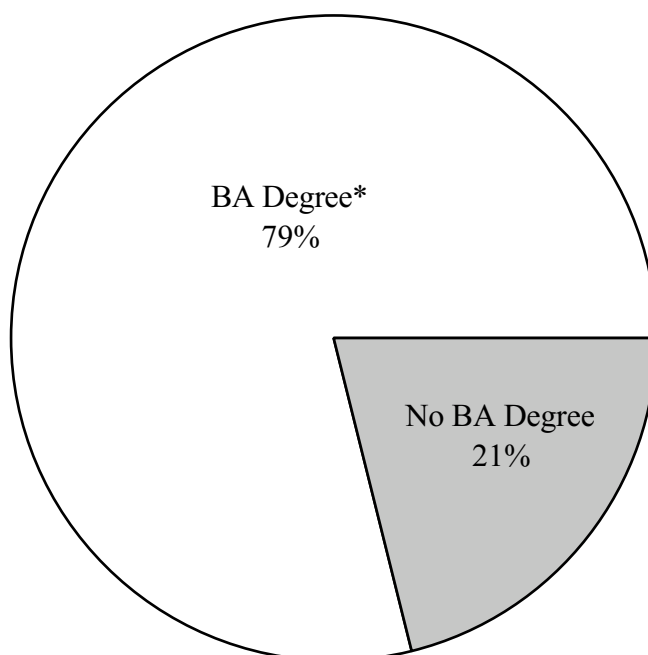
What are the research-based indicators of preschool quality?

Two primary indicators of quality child development programs are the education level of the teacher and national accreditation of the program.

- About 60 percent of Shared Visions preschool teachers have a four-year degree with the majority of the teachers holding a degree in early childhood education. In 92 of the 116 classrooms at least one degreed teacher is present (see Figure 9); and
- Shared Visions preschool programs are accredited by the National Association for the Education of Young Children (NAEYC), an accreditation process that demonstrates a high standard of quality and developmentally appropriate practices.

Figure 9

Qualifications of Shared Visions Preschool Teachers



*At least one BA degreed teacher in the classroom.

Data Source: Iowa Department of Education, Bureau of Children, Family and Community Services, CDCC Shared Visions Grant Year End Report 2000-2001, 2001-2002, 2002-2003.

Importance of quality

- Participation in high-quality preschool programs is associated with greater language, literacy, math, and cognitive skills; enhanced social development; and long-term school success;
- Participation in poor-quality preschool programs is associated with difficulties in academic and social development, poor language and math abilities, and poor self-perception;
- Results of longitudinal research (The Cost, Quality, and Outcomes Study Goes to School) show that children who participated in higher quality child care had better language and math skills from preschool into elementary school;
- The results of high quality programs were even stronger for children whose mothers had *less* education;
- Children who participated in higher quality childcare had better cognitive and social skills in 2nd grade; and
- These findings hold true even after controlling for background characteristics (mother's level of education, gender, and ethnicity) and the quality of the kindergarten and 2nd grade experience.

How do Iowa's Shared Visions Preschool Programs rate nationally?

Shared Visions Preschool Programs were evaluated by the Regents' Center for Early Developmental Education, University of Northern Iowa. The Early Childhood Environment Rating Scale-Revised (ECERS-R) is used to evaluate the preschool programs. This scale is nationally recognized as a reliable and valid assessment of quality in center-based early childhood care and education programs that is predictive of positive outcomes for children (Zan, 2003). The ECERS-R assessment examines seven areas related to program quality: space and furnishings, personal care routines, language-reasoning, activities, interaction, program structure, and parents and staff.

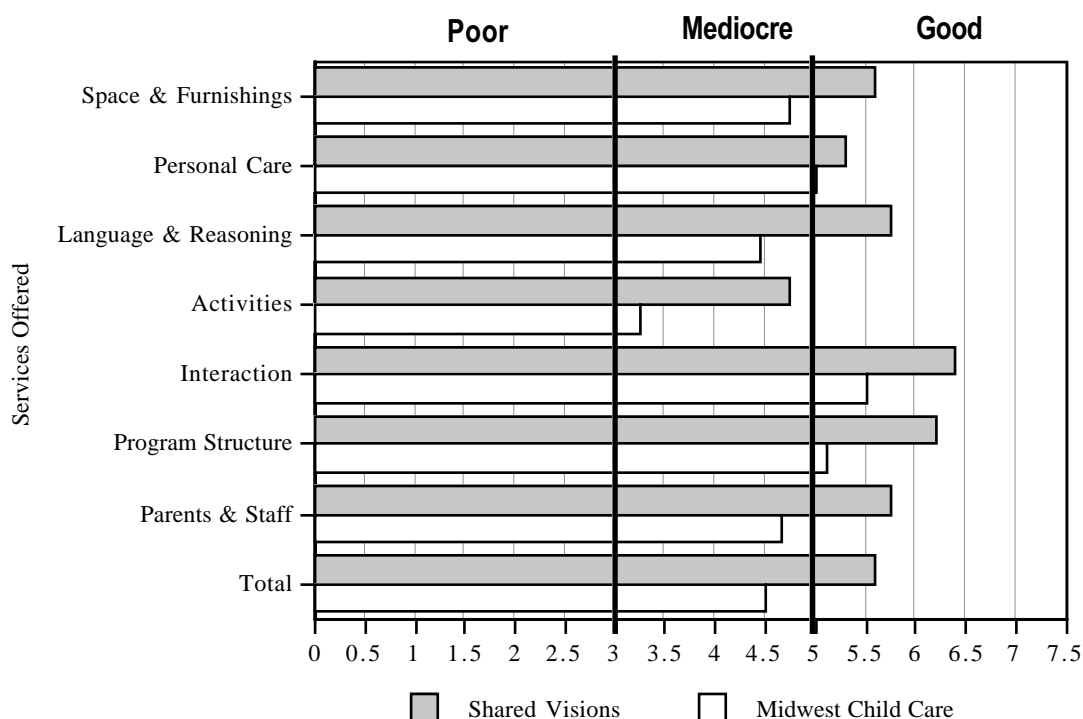
The results of the ECERS-R for Shared Visions Preschool Programs were compared to preschool child care programs participating in the Midwest Child Care Research Study (see Figure 10) and other state funded prekindergarten programs (see Figure 11). Shared Visions preschool programs rate very favorable when compared to programs nationwide:

- Iowa programs' average rating was 5.8 versus the national average of 4.26 (scale of 1-7 with five being *good* and seven being *excellent*).

- Over 91 percent of Iowa programs were considered good quality as compared to less than 20 percent of programs nationwide (National Center on Early Development and Learning, 1999).
- Only eight percent of the Shared Visions preschool programs scored in the minimal range while 59 percent scored in the good to excellent range and 33 percent received excellent scores.

Figure 10

Iowa Shared Visions Preschools* Show higher Quality than Preschool Child Care Centers



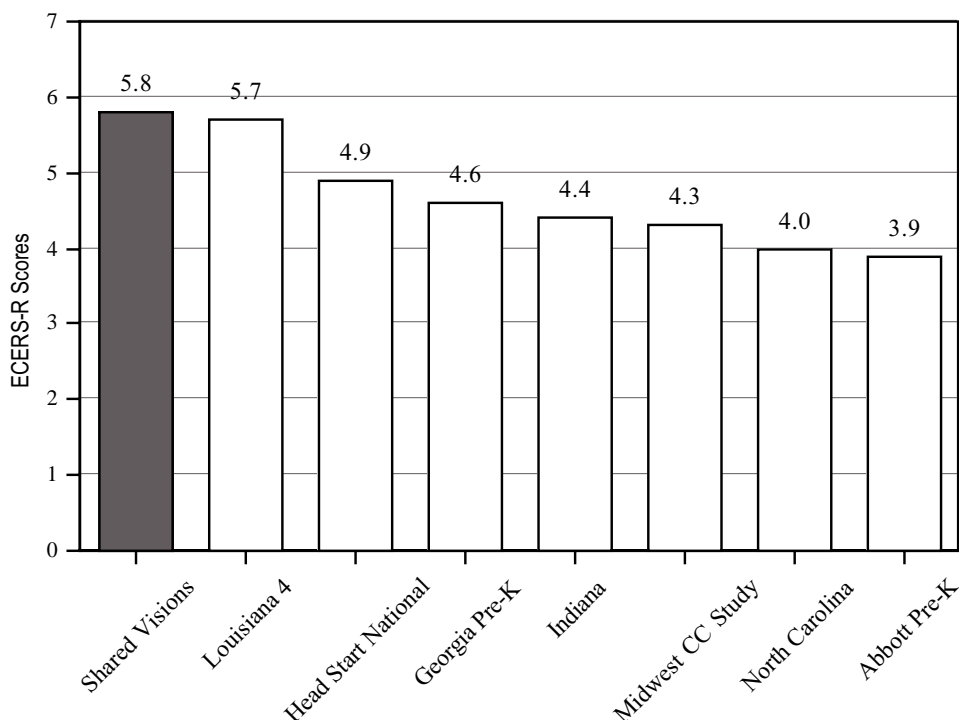
**State-funded preschools (Zan, 2003).*

Data Source: Hegland, S.M., Peterson, C., Jeon, H.J., Oesterreich, L. & Midwest Child Care Research Consortium. (2002). Iowa Child Care Characteristics and Quality. Ames, IA: Iowa State University.

Figure 11

**Comparison of ECERS-R Scores for
Iowa Shared Visions Preschools Compared to Other
U.S. Early Care and Education Studies**

Figure 11. The results of the ECERS-R scores for Iowa's Shared Visions preschool programs were compared to other state funded prekindergarten programs and the Head Start FACES study, a national sample of Head Start programs. Shared Visions preschools fared well.



Data Source: Barnett, W.S., et. al., *Fragile Lives, Shattered Dreams: A Report on Implementation of Preschool Education in New Jersey's Abbott Districts*; Zan, B. (2003). *Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council*. Regent's Center for Early Developmental Education, University of Northern Iowa.

Note: Louisiana allocated \$39 million from TANF and state funds for its LA4 program in 2002-2003 and served 4,700 four-year-olds. Georgia allocated \$245 million to local school districts and community provider programs and served 65,000 four-year-olds, while New Jersey allocated an additional \$150 million to local school districts to serve an additional 10,000 children. New Jersey serves children in school districts (approximately 55,000 in 2001–2002) and community provider programs (approximately 27,000 in 2001–2002).

Results

Areas of particular strength, as illustrated by the ECERS subscale scores in Figure 12:¹⁰

- ***Interactions between teachers and children promote social skills and problem solving***—approximately 78 percent of programs scored in the excellent range;
- ***Program structure balances teacher directed and child selected activities***— approximately 62 percent of programs scored in the excellent range; and
- ***Personal care routines that promote health and safety standards***— over 59 percent of programs scored in the excellent range.

Strengths of Iowa's Shared Visions Preschool Programs

Research indicates:

- ***Kindergarten Readiness*** – Shared Visions graduates met or exceeded kindergarten teachers' performance expectations in reading, writing, and problem solving (Zan & Edmiaston, 2000);
- ***Academic performance*** – Over 80 percent of the Shared Visions graduates were rated at or above average in reading and writing at the end of kindergarten (Zan & Edmiaston, 2000);
- ***Special Education Referrals*** – Fewer than eight percent of Shared Visions graduates were receiving special education services by the end of kindergarten (Zan & Edmiaston, 2000); and
- ***Long-term Effect*** – Second grade teachers rated Shared Visions graduates higher on internal assets, including positive values, social competencies, and positive identity, than children who did not participate in Shared Visions Preschool Programs (Regents' Center for Early Developmental Education, 2000, unpublished data).

Shared Visions graduates' performance in school

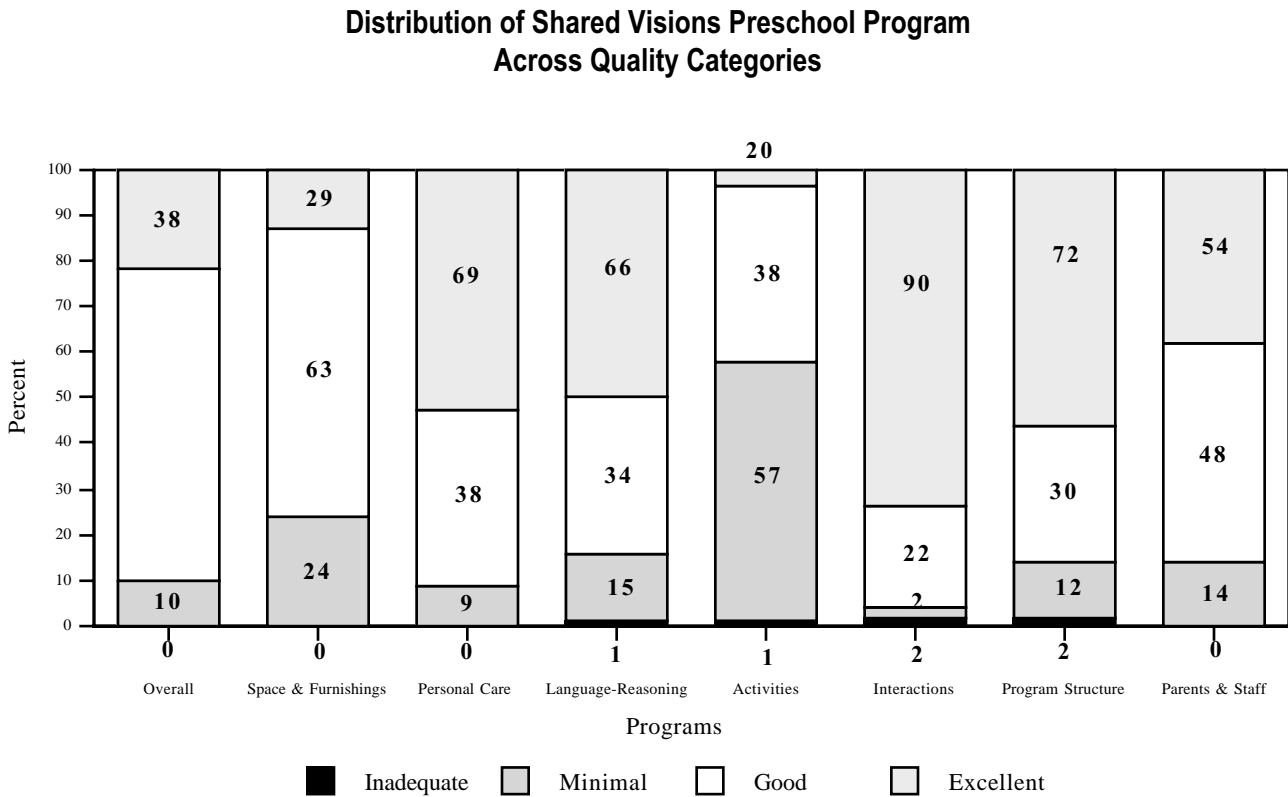
¹⁰ Zan, B. (2003). Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council. Regent's Center for Early Developmental Education, University of Northern Iowa.

Long-term effect

Children who participated in high-quality early learning programs demonstrated greater school readiness and success through second grade than children who had been in low-quality care, even after controlling for family differences (National Center on Early Development and Learning, 1999).

Figure 12 represents the quality of Shared Visions Preschool Programs in each of the seven areas of program quality measured by the ECERS-R. The level of quality (inadequate to excellent) is represented by four different shades while the number located in each shaded bar represents the number of programs out of the 116 classrooms that received that level of quality. The overall score indicates that 38 programs received an excellent rating or about 33 percent of the programs, while 68 programs or 59 percent received a good rating. Only ten programs or eight percent received a minimal rating.

Figure 12



Data Source: Zan, B. (2003). Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council. Regent’s Center for Early Developmental Education, University of Northern Iowa.

Shared Visions Preschool grantees contribute to the results of Iowa's Early Care, Health, and Education system.

- Children Ready to Succeed in School:
 - Shared visions graduates met or exceeded kindergarten teachers' performance expectations in reading, writing, and problem solving;
 - Over 80 percent of the Shared Visions graduates were rated at or above average in reading and writing at the end of kindergarten (Zan & Edmiaston, 2002).
 - Fewer than eight percent of Shared Visions graduates were receiving special education services by the end of kindergarten.
- Secure and Nurturing Child Care Environments:
 - Shared Visions Preschool programs are accredited by the National Association of Young Children, the national standard bearer of high-quality early childhood programs;
 - Many programs achieve the Iowa Department of Human Services Gold Seal Award, a mark of quality.
- Shared Visions Preschool Programs are accredited by NAEYC and provide access to high quality preschool experiences for approximately 2,300 children.

Supporting Early Care, Health, and Education Results

Supporting Governor Vilsack's 90/90 Goal

The impact of Shared Visions Preschool Programs would be improved by:

- Maintaining quality Shared Visions Programs in Iowa communities. Level funding for the past five years and recent state budget cuts to Shared Visions programs have forced staff reductions, limited transportation, and decreased program days and hours; all variables that have a negative impact on the quality of comprehensive child development services for at-risk preschoolers;

Future Needs

- Providing additional funds to support new sites and accommodate the approximately 900 eligible children currently on the waiting list. No other communities in Iowa have been provided the opportunity to apply for Shared Visions at-risk state funds since 1996;
- Increasing state funding to improve space, furnishings, and quality books for programs (areas of concern identified by the ECERS-R results, 2003);
- Providing funding for staff development to improve appropriate early learning activities for young children (area of concern identified by ECERS-R results, 2003); and
- Providing technical assistance and funding to programs in achieving and maintaining NAEYC accreditation.

Part IV

References



Cost, Quality, and Child Outcomes Study Team (1995). Cost, quality, and child outcomes in child care centers, Public report, second edition. Denver: Economics Department, University of Colorado at Denver.

Hegland, S.M., Peterson, C., Jeon, H.J., Oesterreich, L. & Midwest Child Care Research Consortium. (2002). Iowa Child Care Characteristics and Quality. Ames, IA: Iowa State University.

Peterson, C.A. & McBride, S.L. Iowa Support Programs, 1996-1997, Evaluation Report, September, 1998.

Zan, B. (2003). Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council. Regent's Center for Early Developmental Education, University of Northern Iowa.

Zan, B. & Edmiaston, R. (2000). Evaluation of Shared Visions Programs for At-Risk Four-Year-Olds: Technical Report, Phase Three. Submitted to the Child Development Coordinating Council, Des Moines, Iowa.